

Economic Stimulus Act: COBRA Subsidy Information

Client Number _____ Client Name _____

1 - Participant Name _____

Social Security Number _____ - _____ - _____ COBRA Premium Assistance Payment \$ _____ *

2 - Participant Name _____

Social Security Number _____ - _____ - _____ COBRA Premium Assistance Payment \$ _____ *

3 - Participant Name _____

Social Security Number _____ - _____ - _____ COBRA Premium Assistance Payment \$ _____ *

4 - Participant Name _____

Social Security Number _____ - _____ - _____ COBRA Premium Assistance Payment \$ _____ *

5 - Participant Name _____

Social Security Number _____ - _____ - _____ COBRA Premium Assistance Payment \$ _____ *

6 - Participant Name _____

Social Security Number _____ - _____ - _____ COBRA Premium Assistance Payment \$ _____ *

7 - Participant Name _____

Social Security Number _____ - _____ - _____ COBRA Premium Assistance Payment \$ _____ *

8 - Participant Name _____

Social Security Number _____ - _____ - _____ COBRA Premium Assistance Payment \$ _____ *

*This amount should be 65 percent of total COBRA premium for assistance-eligible individuals.

Total Number of Participants _____

Total COBRA Premium Assistance Payments Paid on Their Behalf \$ _____

I certify that the information contained above is accurate and I have made these payments on behalf of the participants listed.

Client Signature _____ Date _____